

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 12
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes			FEC IDENTIFICATION NUMBER ▼ C C00489799		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 08 / 29 / 2014</div>					
Full Name of Payee Planned Parenthood Action Fund Inc.			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 08 / 07 / 2014</div>		
Mailing Address 434 West 33rd Street			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1200.00</div>		
City New York	State NY	Zip Code 10001	Transaction ID : B510987 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 08 / 07 / 2014</div>		
Purpose of Expenditure Predictive dialer minutes for volunteer phonebanks		Category/ Type 004			
Name of Federal Candidate Kay Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">367691.93</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Planned Parenthood Action Fund Inc.			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 08 / 14 / 2014</div>		
Mailing Address 434 West 33rd Street			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">95.10</div>		
City New York	State NY	Zip Code 10001	Transaction ID : B510986 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 08 / 14 / 2014</div>		
Purpose of Expenditure List rental		Category/ Type 004			
Name of Federal Candidate Thom Tillis		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">367691.93</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1295.10</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Aletheia Henry</i>		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 09 / 09 / 2014</div>	

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SE
Transaction ID :

This report is being amended to disclose an additional cost that was omitted in error from the report filed 8/29/14.

Form/Schedule:
Transaction ID:

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; margin-left: 10px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">08 / 29 / 2014</div> </div>	

Full Name of Payee Planned Parenthood Action Fund Inc.		Date of Public Distribution/Dissemination <div style="display: inline-block; margin-left: 10px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">08 / 19 / 2014</div> </div>	
Mailing Address 434 West 33rd Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">55.17</div>	
City State Zip Code New York NY 10001	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : B510988 Date of Disbursement or Obligation <div style="display: inline-block; margin-left: 10px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">08 / 19 / 2014</div> </div>	
Name of Federal Candidate Thom Tillis		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">367691.93</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee Planned Parenthood Action Fund Inc.		Date of Public Distribution/Dissemination <div style="display: inline-block; margin-left: 10px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">08 / 23 / 2014</div> </div>	
Mailing Address 434 West 33rd Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">3740.00</div>	
City State Zip Code New York NY 10001	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : B510989 Date of Disbursement or Obligation <div style="display: inline-block; margin-left: 10px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">08 / 23 / 2014</div> </div>	
Name of Federal Candidate Kay Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">367691.93</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">3795.17</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>

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Aletheia Henry

[Electronically Filed]

Date

MM / DD / YYYY

09 / 09 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 08 / 29 / 2014	

Full Name of Payee 76 Words		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 27 / 2014	
Mailing Address 1720 Eye Street NW, Ste 550		Amount 11169.66	
City Washington	State DC	Zip Code 20006	Transaction ID : B510990
Purpose of Expenditure Production of online ads		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 27 / 2014
Name of Federal Candidate Kay Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
		367691.93	

Full Name of Payee 76 Words		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 27 / 2014	
Mailing Address 1720 Eye Street NW, Ste 550		Amount 22339.34	
City Washington	State DC	Zip Code 20006	Transaction ID : B510991
Purpose of Expenditure Production of online ads		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 27 / 2014
Name of Federal Candidate Thom Tillis		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
		367691.93	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	33509.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Aletheia Henry

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NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼	
		<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> C C00489799 </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 5px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px 5px;">08 / 29 / 2014</div> </div>	

Full Name of Payee Analyst Institute LLC			Date of Public Distribution/Dissemination		
Mailing Address 815 16th Street, NW			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 5px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px 5px;">08 / 27 / 2014</div> </div>		
City	State	Zip Code	Amount		
Washington	DC	20006	<div style="border: 1px solid black; display: flex; justify-content: space-between; padding: 2px 10px;"> 1665.00 </div>		
Purpose of Expenditure Testing of online ads		Category/ Type	Transaction ID : B510994 Date of Disbursement or Obligation		
		004	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 5px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px 5px;">08 / 27 / 2014</div> </div>		
Name of Federal Candidate Kay Hagan			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
<div style="border: 1px solid black; display: flex; justify-content: space-between; padding: 2px 10px;"> 367691.93 </div>					

Full Name of Payee Analyst Institute LLC			Date of Public Distribution/Dissemination		
Mailing Address 815 16th Street, NW			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 5px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px 5px;">08 / 27 / 2014</div> </div>		
City	State	Zip Code	Amount		
Washington	DC	20006	<div style="border: 1px solid black; display: flex; justify-content: space-between; padding: 2px 10px;"> 3335.00 </div>		
Purpose of Expenditure Testing of online ads		Category/ Type	Transaction ID : B510995 Date of Disbursement or Obligation		
		004	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 5px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px 5px;">08 / 27 / 2014</div> </div>		
Name of Federal Candidate Thom Tillis			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
<div style="border: 1px solid black; display: flex; justify-content: space-between; padding: 2px 10px;"> 367691.93 </div>					

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; display: flex; justify-content: space-between; padding: 2px 10px;"> 5000.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; display: flex; justify-content: space-between; padding: 2px 10px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; display: flex; justify-content: space-between; padding: 2px 10px;"> </div>

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Aletheia Henry

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MM / DD / YYYY

09 / 09 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 08 / 29 / 2014	

Full Name of Payee The Feldman Group Inc.		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 27 / 2014	
Mailing Address 508-510 8th St. SE		Amount 10333.33	
City Washington	State DC	Zip Code 20003	Transaction ID : B510992
Purpose of Expenditure Messaging research	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 27 / 2014	
Name of Federal Candidate Kay Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
		367691.93	

Full Name of Payee The Feldman Group Inc.		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 27 / 2014	
Mailing Address 508-510 8th St. SE		Amount 20666.67	
City Washington	State DC	Zip Code 20003	Transaction ID : B510993
Purpose of Expenditure Messaging research	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 27 / 2014	
Name of Federal Candidate Thom Tillis		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
		367691.93	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	31000.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Aletheia Henry

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 08 / 29 / 2014	

Full Name of Payee Rising Tide Interactive		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 27 / 2014	
Mailing Address 901 New York Ave NW #470 East		Amount 4819.25	
City Washington	State DC	Zip Code 20001	Transaction ID : B510996
Purpose of Expenditure Online advertising	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 27 / 2014	
Name of Federal Candidate Kay Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		367691.93	

Full Name of Payee Rising Tide Interactive		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 27 / 2014	
Mailing Address 901 New York Ave NW #470 East		Amount 9638.50	
City Washington	State DC	Zip Code 20001	Transaction ID : B510997
Purpose of Expenditure Online advertising	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 27 / 2014	
Name of Federal Candidate Thom Tillis		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		367691.93	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	14457.75
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼	
		<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> C C00489799 </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 10px;">MM / DD / YYYY 08 / 29 / 2014</div> </div>	

Full Name of Payee Community Outreach Group LLC			Date of Public Distribution/Dissemination	
Mailing Address 1110 Vermont Ave N.W. #300			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 10px;">MM / DD / YYYY 09 / 01 / 2014</div> </div>	
City Washington	State DC	Zip Code 20005	Amount <div style="border: 1px solid black; padding: 2px 10px; text-align: right;">5647.75</div>	
Purpose of Expenditure Volunteer recruitment phone banks		Category/ Type <div style="border: 1px solid black; padding: 2px 10px;">004</div>	Transaction ID : B510998 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 10px;">MM / DD / YYYY 09 / 01 / 2014</div> </div>	
Name of Federal Candidate Kay Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px 10px; text-align: right;">367691.93</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee Community Outreach Group LLC			Date of Public Distribution/Dissemination	
Mailing Address 1110 Vermont Ave N.W. #300			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 10px;">MM / DD / YYYY 09 / 01 / 2014</div> </div>	
City Washington	State DC	Zip Code 20005	Amount <div style="border: 1px solid black; padding: 2px 10px; text-align: right;">22591.00</div>	
Purpose of Expenditure Persuasion phone banks		Category/ Type <div style="border: 1px solid black; padding: 2px 10px;">004</div>	Transaction ID : B510999 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 10px;">MM / DD / YYYY 09 / 01 / 2014</div> </div>	
Name of Federal Candidate Kay Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px 10px; text-align: right;">367691.93</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px 10px; text-align: right;">28238.75</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px 10px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px 10px; text-align: right;"> </div>

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		<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> C C00489799 </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 5px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px 5px;">08 / 29 / 2014</div> </div>	

Full Name of Payee Community Outreach Group LLC			Date of Public Distribution/Dissemination	
Mailing Address 1110 Vermont Ave N.W. #300			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 5px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px 5px;">09 / 01 / 2014</div> </div>	
City Washington	State DC	Zip Code 20005	Amount <div style="border: 1px solid black; padding: 2px 10px;">22591.03</div>	
Purpose of Expenditure Persuasion canvasses		Category/Type <div style="border: 1px solid black; padding: 2px 5px;">004</div>	Transaction ID : B511000 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 5px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px 5px;">09 / 01 / 2014</div> </div>	
Name of Federal Candidate Kay Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px 10px;">367691.93</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Community Outreach Group LLC			Date of Public Distribution/Dissemination	
Mailing Address 1110 Vermont Ave N.W. #300			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 5px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px 5px;">09 / 01 / 2014</div> </div>	
City Washington	State DC	Zip Code 20005	Amount <div style="border: 1px solid black; padding: 2px 10px;">5647.75</div>	
Purpose of Expenditure Persuasion events		Category/Type <div style="border: 1px solid black; padding: 2px 5px;">004</div>	Transaction ID : B511006 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 5px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px 5px;">09 / 01 / 2014</div> </div>	
Name of Federal Candidate Kay Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px 10px;">367691.93</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px 10px;">28238.78</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px 10px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px 10px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Aletheia Henry

[Electronically Filed]

Date

MM / DD / YYYY

09 / 09 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE	10	OF	12
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 08 / 29 / 2014	

Full Name of Payee Planned Parenthood Health Systems Action Fund		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014	
Mailing Address 100 South Boylan Ave.		Amount 1325.00	
City Raleigh	State NC	Zip Code 27603	Transaction ID : B511001
Purpose of Expenditure Volunteer recruitment phone banks		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014
Name of Federal Candidate Kay Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		367691.93	

Full Name of Payee Planned Parenthood Health Systems Action Fund		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014	
Mailing Address 100 South Boylan Ave.		Amount 5300.00	
City Raleigh	State NC	Zip Code 27603	Transaction ID : B511002
Purpose of Expenditure Persuasion phone banks		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014
Name of Federal Candidate Kay Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		367691.93	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	6625.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Aletheia Henry

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 11	OF 12
FOR SE OF FORM 24/48	

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 08 / 29 / 2014	

Full Name of Payee Planned Parenthood Health Systems Action Fund		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014	
Mailing Address 100 South Boylan Ave.		Amount 5300.00	
City Raleigh	State NC	Zip Code 27603	Transaction ID : B511003
Purpose of Expenditure Persuasion canvasses	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014	
Name of Federal Candidate Kay Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		367691.93	

Full Name of Payee Planned Parenthood Health Systems Action Fund		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014	
Mailing Address 100 South Boylan Ave.		Amount 1325.00	
City Raleigh	State NC	Zip Code 27603	Transaction ID : B511005
Purpose of Expenditure Persuasion events	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014	
Name of Federal Candidate Kay Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		367691.93	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6625.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Aletheia Henry

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 12 OF 12
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 08 / 29 / 2014	

Full Name of Payee Planned Parenthood Central NC Action Fund		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 27 / 2014	
Mailing Address PO Box 9194		Amount 200.00	
City Chapel Hill	State NC	Zip Code 27515	Transaction ID : B511887
Purpose of Expenditure Space rental for production of online advertising	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 27 / 2014	
Name of Federal Candidate Kay Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 367691.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	200.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....▶	158984.55

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Aletheia Henry

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
09 / 09 / 2014

Signature